



DEPARTMENT OF EDUCATION

STUDENT FINANCIAL ASSISTANCE (SFA)

User ID Request Form

This Document Contains Privacy Act Information

To Obtain ECM Tool access, print this form and complete the sections in **Red** and notify Steve Jarboe:
202.962.0779

A. USER INFORMATION	<u>ED employee</u>	<u>Contractor</u> (List Company Name)
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Name: _____ X New User

Last Four Digits of SSN: _____

_____ Delete User

Current User ID (if any) N/A _____ Change/ Expand Access

Phone: _____

Email: _____ Renew Access

Short Description of Task (**REQUIRED**): _____

Authorization for user to access web-based Enterprise Change Management (ECM) Tool.

System Security Officer or Alternate to be notified when access is completed. (SFA SSO):

Name Samson Abebe Email address Samson.Abebe@ed.gov Telephone 202.377.3532

Alternate (SSO): Name: Frank Kidd Email Address: Frank.kidd@ed.gov Telephone 202.377.3533

B. TYPE OF ACCESS REQUIRED		Must Include Exact Information from Matrix To Match Headings or cut and paste directly from the matrix				
VDC Application Manager	SFA Application	VDC System Name	Prod Level	Access type	System Type	Comments
				User/Developer/DBA		Ex. Group name)
Hale, Larry	Rational Rose	RATIONAL	Prod	User/Developer/DBA		Compaq

Additional Comments:

No action is required by the VDC. This form is simply for authorization for the user to access a web-based front end to the Enterprise Change Management Tracking (ECM) Tool.

System Security Access Controls require a clearance at one of the listed risk levels to be met. The applicant has submitted all required forms to SFA Personnel Security for clearance at this level.

Check One (**SSO is Required to Select**)

_____ Low Risk, **1C** (SF-85, OF-306, Fingerprints)

_____ Moderate Risk, **5C** (SF-85P, OF-306, Credit Release, Fingerprints)

_____ High Risk, **6C** (SF-85P, OF-306, Credit Release, 85P-S, Fingerprints)

1. Applicant: _____ Date _____

Print Name

Signature

2. Applicant Supervisor: _____ Date _____

Print Name

Signature

3. SSO, ED Project Mgr, or COTR: _____ Date _____

Print Name

Signature

C. SFA Personnel Security Office Use Only

Approval JOEL CLARK Rm 22B2 _____ Date: _____

Print Name

Signature

Current Security Status: ☐ In Progress ☐ Level _____

Date Security Packet Forwarded to SFA HR: _____